

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588339

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			1			
6			1			
7			1			
8				1		
9			1			
10			1			
11			1			
12				1		
13			1			
14			1			
15			1			
16			1			
17				1		
18			1			
19				1		
20			1			
21			1			
22				1		
23			1			
24			1			
25				1		
26			1			
27				1		
28			1			
29			1			
30				1		
31			1			
32			1			
33			1			
34			1			
35				1		
36			1			
37			1			
38			1			
39				1		
40			1			
41			1			
42				1		
43			1			
44				1		
45			1			
46			1			
47			1			
48				1		
49			1			
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53			1			
54			1			
55				1		
56			1			
57			1			
58			1			
59				1		
60			1			
61				1		
62			1			
63			1			
64				1		
65			1			
66			1			
67			1			
68				1		
69				1		
70				1		
71			1			
72			1			
73			1			
74				1		
75			1			
76				1		
77			1			
78				1		
79			1			
80			1			
81				1		
82			1			
83			1			
84			1			
85			1			
86			1			
87				1		
88				1		
89				1		
90			1			
91			1			
92			1			
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		38	←		←
TOTAL CLAIMS			43			